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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of PCT/EP02/04831 05/02/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 101 22 959.3 05/11/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

570

**TITLE**

PHARMACEUTICAL SYRINGE PISTON

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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